

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION RSN TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular <input checked="" type="checkbox"/>	<u>20</u>	<u>8 / 30 / 2017</u>	<u>Tutti Frutti Guam</u>
Follow-up <input type="checkbox"/>		TIME IN <u>2:05 pm</u> TIME OUT <u>4:50 pm</u>	PERMIT HOLDER <u>Han Corporation</u>
Complaint <input type="checkbox"/>	RATING <u>B</u>	SANITARY PERMIT NO. <u>170002335</u>	LOCATION (Address) <u>Lot 5013 & 5047 #1088 W. Marine Corps Dr Unit 225 Micronesia Mall, Dededo</u>
Investigation <input type="checkbox"/>			
Other <input type="checkbox"/>			
ESTABLISHMENT TYPE <u>Soda Fountain</u>	AREA <u>1</u>	TELEPHONE <u>633-5501</u>	No. of Risk Factor/Intervention Violations <u>3</u> RISK CATEGORY <u>1</u>
			No. of Repeat Risk Factor/Intervention Violations <u>0</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. PTS = Demerit points

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS	Compliance Status	COS	R	PTS
Supervision				Potentially Hazardous Food (TCS Food)			
1 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6	16 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Person in charge present, demonstrates knowledge, and performs duties				17 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Employee Health				18 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
2 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6	19 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Management awareness; policy present				20 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
3 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6	21 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Proper use of reporting, restriction & exclusion							
Good Hygienic Practices				Consumer Advisory			
4 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	22 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Proper eating, tasting, drinking, betelnut, or tobacco use				Consumer Advisory provided for raw or undercooked foods			
5 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
No discharge from eyes, nose, and mouth				Highly Susceptible Populations			
Preventing Contamination by Hands				23 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
6 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	Pasteurized foods used; prohibited foods not offered			
Hands clean and properly washed				Chemical			
7 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	24 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Food additives: approved and properly used			
8 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6	25 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible				Toxic substances properly identified, stored, used			
Approved Source				Conformance with Approved Procedures			
9 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	26 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A			6
Food obtained from approved source				Compliance with variance, specialized process, and HACCP plan			
10 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O			6				
Food received at proper temperature							
11 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6				
Food in good condition, safe, and unadulterated							
12 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Required records available: shellstock tags, parasite destruction							
Protection from Contamination							
13 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A			6				
Food separated and protected							
14 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A			6				
Food contact surfaces: cleaned & sanitized							
15 <input type="radio"/> IN <input checked="" type="radio"/> OUT			6				
Proper disposition of returned, previously served, reconditioned, and unsafe food							

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS	Compliance Status	COS	R	PTS
Safe Food and Water				Proper Use of Utensils			
27 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	40 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
Pasteurized eggs used where required				41 <input checked="" type="radio"/> X			1
28 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2	Utensils, equipment and linens: properly stored, dried, handled			
Water and ice from approved source				42 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
29 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Single-use/single-service articles: properly stored, used			
Variance obtained for specialized processing methods				43 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
Food Temperature Control				Gloves used properly			
30 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Utensils, Equipment and Vending			
Proper cooling methods used; adequate equipment for temperature control				44 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
31 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Plant food properly cooked for hot holding				45 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
32 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Warewashing facilities: installed, maintained, used; test strips			
Approved thawing methods used				46 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
33 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Nonfood-contact surfaces clean			
Thermometer provided and accurate				Physical Facilities			
Food Identification				47 <input checked="" type="radio"/> X			2
34 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	Hot & cold water available, adequate pressure			
Food properly labeled; original container				48 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2
Prevention of Food Contamination				Plumbing installed; proper backflow devices			
35 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2	49 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2
Insects, rodents, and animals not present				Sewage and wastewater properly disposed			
36 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	50 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2
Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & cleaned			
37 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	51 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2
Personal cleanliness				Garbage/refuse properly disposed; facilities maintained			
38 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	52 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean			
39 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1	53 <input type="radio"/> IN <input checked="" type="radio"/> OUT			1
Washing fruits and vegetables				Adequate ventilation and lighting; designated areas use			
Documents and Placards				54 <input type="radio"/> IN <input checked="" type="radio"/> OUT			2
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.				Sanitary Permit, Health Certificates valid and posted			

Person In Charge (Print and Sign) <u>Elizabeth Villan</u>	Date: <u>8/30/17</u>
DEH Inspector (Print and Sign) <u>Debra Mitchell</u>	Follow-up (Circle one): <u>YES</u> NO Follow-up Date <u>9/7/17</u>

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ESTABLISHMENT NAME <i>Tutti Frutti Guam</i>		LOCATION (Address) <i>Lot 5013 & 5047 #1088 W. Marine Corps DR unit 225 Micronesian Mall, Dededo</i>
INSPECTION DATE <i>8/30/2017</i>	SANITARY PERMIT NO. <i>170002335</i>	PERMIT HOLDER <i>Han Corporation</i>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A regular inspection was conducted on this day and the following violations were observed. Previous inspection conducted on 10/24/2016 10/A	
#6	Employee washing hands in three compartment sink and without liquid hand soap. Employees not washing hands in designated hand sink with hot water. Employees shall wash hands properly in the designated hand sink to prevent contamination of food/equipment.	9/2/2017
#8	Hand sinks not provided with liquid hand soap, paper towels / paper towel dispenser or hot water. All hand sinks shall be provided with liquid hand soap, paper towels and hot water to allow thorough hand washing.	9/2/2017
#14	Observed an accumulation of soil on food contact surfaces of (cleaned equipment) and dark stains/open seams throughout cutting board. All food contact surfaces shall be cleaned properly and free of any discoloration/open seams to prevent contamination of food.	9/2/2017

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>Elizabeth Villora</i>	Date: <i>8/30/17</i>
DEH Inspector (Print and Sign) <i>Derien Mitchell</i>	Date: <i>8/30/2017</i>

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ESTABLISHMENT NAME <i>Tutti Frutti Guam</i>		LOCATION (Address) <i>Lot 5013 15047 #1088 W. Marine Corps DR Unit 225 Micronesia Mall, Dededo</i>
INSPECTION DATE <i>8 / 30 / 2017</i>	SANITARY PERMIT NO. <i>170002335</i>	PERMIT HOLDER <i>Han Corporation</i>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#41	Equipment stored inside of three compartment sink to dry. All equipment shall be stored properly to prevent any contamination prior to use.	COS
#47	Hot water not provided for three compartment sink Hot water shall be provided to ensure all equipment is washed thoroughly.	
	photos were taken Briefed PIC on inspection report Removed "A" placard NO. 01567 Issued "B" placard NO. 00920 Issued follow-up inspection request	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Elizabeth Ulloe Elizabeth Ulloe

Date: 8/30/17

DEH Inspector (Print and Sign) Devin Mitchell EPHO-II

Date: 9/30/2017